

BOROUGH OF MANVILLE

325 NORTH MAIN STREET, MANVILLE, NJ 08835 • PHONE: (908) 725-9478
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MANVILLE SEWER UTILITY POOL FILLING REQUEST

Request Date _____

Customer Information

Name of homeowner _____

Property Location _____

Phone number _____

Property Block _____ Lot _____

Sewer Number _____

Expected Pool Fill Date _____

Pool Data

Pool Type (circle one) Above ground In ground

Pool Dimensions _____ Pool Capacity (in gallons) _____

Pool Status Partial _____ Empty _____

Reason for emptying pool (i.e. new lining, new pool etc.)

I hereby certify that the above information provided is correct. Signature by owner is consent for the staff of the Utility to inspect/verify the pool status.

Owner's signature _____

Office Use Only

Credit Given (in gallons) _____ Date _____

Inspected By _____